

**Chadwick Prodromos, M.D.  
Michael Coleman v. Ghaliah Obaisi**

IN THE UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

MICHAEL COLEMAN,	)	
	)	
Plaintiff,	)	
	)	
vs.	)	No. 1:16-CV-4917
	)	
GHALIAH OBAISI, Executor of	)	
the Estate of SALEH OBAISI,	)	
M.D.,	)	
	)	
Defendant.	)	

The deposition of CHADWICK C. PRODROMOS, M.D., taken in the above-entitled cause, before Angela M. Ingham, a Notary Public within and for the County of Cook and State of Illinois, and a Certified Shorthand Reporter of said state, at 1714 Milwaukee Avenue, Glenview, Illinois, on December 20, 2018, at the hour of 1:32 p.m.



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<p style="text-align: right;">Page 2</p> <p>1 APPEARANCES:</p> <p>2 MR. DANIEL R. FORMELLER</p> <p>3 MS. KATHERINE LETCHER</p> <p>4 TRESSLER, LLP</p> <p>5 233 South Wacker Drive</p> <p>6 22nd Floor</p> <p>7 Chicago, Illinois 60606</p> <p>8 312.627.4000</p> <p>9 dformeller@tresslerllp.com</p> <p>10</p> <p>11 On behalf of the Plaintiff;</p> <p>12</p> <p>13 MR. JAMES. F. MARUNA</p> <p>14 CASSIDAY SCHADE LLP</p> <p>15 222 West Adams Street</p> <p>16 Suite 2900</p> <p>17 Chicago, Illinois 60606</p> <p>18 312.739.3213</p> <p>19 jmaruna@cassiday.com</p> <p>20</p> <p>21 On behalf of the Defendant.</p> <p>22</p> <p>23</p> <p>24</p>	<p style="text-align: right;">Page 4</p> <p>1 (Witness duly sworn.)</p> <p>2 CHADWICK C. PRODROMOS, M.D.,</p> <p>3 called as a witness herein, having been first duly</p> <p>4 sworn, was examined and testified as follows:</p> <p>5 EXAMINATION</p> <p>6 BY MR. FORMELLER:</p> <p>7 Q. Sir, would you state your full name,</p> <p>8 please.</p> <p>9 A. Chadwick C. Prodromos, M.D.</p> <p>10 Q. And, Dr. Prodromos, this deposition today</p> <p>11 is being taken pursuant to notice in a case</p> <p>12 involving the plaintiff, our client, a Mr. Michael</p> <p>13 Coleman.</p> <p>14 It's my understanding that you have</p> <p>15 prepared a report of consultation; and with that</p> <p>16 report, you have included your curriculum vitae, is</p> <p>17 that correct?</p> <p>18 A. The former, yes; the latter also, yes.</p> <p>19 Q. I'm going to have marked as Exhibit 1 --</p> <p>20 it's actually already marked as Exhibit 1. Doctor,</p> <p>21 I'm going to hand you the curriculum vitae. Can</p> <p>22 you tell me by looking at this curriculum vitae if</p> <p>23 this is the most up-to-date, complete, and accurate</p> <p>24 curriculum vitae that you have?</p>
<p style="text-align: right;">Page 3</p> <p>1 I N D E X</p> <p>2 EXAMINATION PAGE</p> <p>3 BY MR. FORMELLER 4</p> <p>4 BY MR. MARUNA 38</p> <p>5</p> <p>6 E X H I B I T S</p> <p>7 NO. DESCRIPTION PAGE</p> <p>8 Deposition Exhibit Number</p> <p>9 1 ..... 4</p> <p>10 2 ..... 5</p> <p>11 3 ..... 6</p> <p>12 4 ..... 6</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>	<p style="text-align: right;">Page 5</p> <p>1 A. Well, it's close. I did a presentation at</p> <p>2 an international meeting a couple months ago that's</p> <p>3 not on here. That's about it, except for that.</p> <p>4 Q. But certainly the information on the first</p> <p>5 page of the curriculum vitae --</p> <p>6 A. Yes.</p> <p>7 Q. -- is accurate, is that correct?</p> <p>8 A. Yes.</p> <p>9 Q. And you may have this already in front of</p> <p>10 you, Doctor, but I'm going to mark as Exhibit 2 a</p> <p>11 copy of your report of consultation.</p> <p>12 A. Okay.</p> <p>13 (Whereupon, Prodromos Deposition</p> <p>14 Exhibit No. 2 was marked for</p> <p>15 identification.)</p> <p>16 BY MR. FORMELLER:</p> <p>17 Q. Doctor, this report of consultation that</p> <p>18 you have prepared is dated the 19th of October,</p> <p>19 2018, and it so indicates that on the last page,</p> <p>20 Page 13 of the report.</p> <p>21 Have you done any further work in</p> <p>22 consultation concerning Mr. Coleman's medical</p> <p>23 treatment or his current condition following that</p> <p>24 date in October?</p>

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Page 6	<p>1 A. I reviewed my report yesterday. That's</p> <p>2 about it.</p> <p>3 Q. But you have not looked at any additional</p> <p>4 records?</p> <p>5 A. No.</p> <p>6 Q. All right. On the page that's numbered 2</p> <p>7 but actually the first page of text of your report,</p> <p>8 Doctor, the report begins with materials reviewed,</p> <p>9 and there are five items listed there. Are those</p> <p>10 the only items that you have reviewed in preparing</p> <p>11 this report of consultation?</p> <p>12 A. Yes.</p> <p>13 Q. I want to clarify if I can, Doctor, there</p> <p>14 have actually been two depositions of Michael</p> <p>15 Coleman taken, so let's mark this.</p> <p>16 (Whereupon, Prodromos Deposition</p> <p>17 Exhibit Nos. 3 and 4 were marked</p> <p>18 for identification.)</p> <p>19 BY MR. FORMELLER:</p> <p>20 Q. I don't intend this to be a memory test,</p> <p>21 but would you look at these two exhibits and see if</p> <p>22 that might refresh your recollection as to which</p> <p>23 deposition you looked at?</p> <p>24 MR. MARUNA: Can I see a copy?</p>	Page 8	<p>1 you if it was four, seven, or eight but something</p> <p>2 like that.</p> <p>3 Q. Prior to your engagement in this case,</p> <p>4 when is the last time that you were engaged as an</p> <p>5 expert witness on behalf of any party?</p> <p>6 A. Where I gave a deposition?</p> <p>7 Q. Yes.</p> <p>8 A. So I'm not sure I can tell you exactly but</p> <p>9 2018 once, maybe twice.</p> <p>10 Q. And when you have been engaged as an</p> <p>11 expert and given a deposition in those ten or so</p> <p>12 times, have you ever served as an expert witness</p> <p>13 for the plaintiff in any of those cases?</p> <p>14 A. As an expert?</p> <p>15 Q. Yes.</p> <p>16 A. So the few that come to mind now have been</p> <p>17 defense, but I couldn't tell you for sure.</p> <p>18 Q. And of the times that you have been</p> <p>19 engaged as an expert where you have given your</p> <p>20 deposition, have any of those engagements been on</p> <p>21 behalf of Wexford Medical?</p> <p>22 A. So Wexford Medical is the company -- just</p> <p>23 to be clear, is my deposition today on behalf of</p> <p>24 Wexford Medical?</p>
Page 7	<p>1 MR. FORMELLER: Sorry.</p> <p>2 MR. MARUNA: No worries.</p> <p>3 THE WITNESS: You asked me to look at one</p> <p>4 versus the other?</p> <p>5 BY MR. FORMELLER:</p> <p>6 Q. Yes.</p> <p>7 A. I would not know from that.</p> <p>8 Q. How often, Doctor, have you served as a</p> <p>9 testifying expert in cases?</p> <p>10 A. By "testifying," you mean giving a</p> <p>11 deposition or testifying in court?</p> <p>12 Q. Both.</p> <p>13 A. So in court as an expert, I think -- I'm</p> <p>14 not sure, maybe once, maybe zero. I've been to</p> <p>15 court a couple of times. One was as a treater, and</p> <p>16 I don't remember the second. It was a long time</p> <p>17 ago.</p> <p>18 Q. And how many times have you offered your</p> <p>19 deposition in litigation?</p> <p>20 MR. MARUNA: As an expert or as a treater?</p> <p>21 MR. FORMELLER: Thank you.</p> <p>22 BY MR. FORMELLER:</p> <p>23 Q. As an expert.</p> <p>24 A. In total, less than ten. I couldn't tell</p>	Page 9	<p>1 Q. Yes.</p> <p>2 A. So I think maybe once.</p> <p>3 Q. So you're aware that -- or maybe you</p> <p>4 aren't but that Dr. Obaisi, who is now deceased,</p> <p>5 was the medical director at the Stateville</p> <p>6 Correctional Institution, correct?</p> <p>7 A. Yes.</p> <p>8 Q. And that he was employed there through a</p> <p>9 contract but employed by Wexford Medical. You're</p> <p>10 aware of that?</p> <p>11 A. Yes.</p> <p>12 Q. I'm going to state as a fact that we can</p> <p>13 just use for the purposes of this deposition that</p> <p>14 Dr. Obaisi began his tenure at Stateville</p> <p>15 Correctional system in the latter half of 2012, and</p> <p>16 he retained that position until he died, passed</p> <p>17 away, not all that many months ago.</p> <p>18 MR. MARUNA: December 2017.</p> <p>19 BY MR. FORMELLER:</p> <p>20 Q. Right. So in reviewing the medical</p> <p>21 records that you have listed here in your report,</p> <p>22 you have listed three sets essentially of medical</p> <p>23 records, the Illinois Department of Corrections</p> <p>24 medical records and followed by these Bates stamps,</p>

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Page 10	<p>1 the University of Illinois at Chicago Medical</p> <p>2 Center records, and the Presence St. Joseph medical</p> <p>3 records. Do you see that?</p> <p>4 A. I do.</p> <p>5 Q. Okay. Are you aware that Mr. Coleman has</p> <p>6 continued to receive medical treatment during the</p> <p>7 time, I believe, you were preparing this report and</p> <p>8 afterwards at the University of Illinois Medical</p> <p>9 Center?</p> <p>10 A. So I don't -- the only way I would be</p> <p>11 aware of that, I suppose, is if counsel for Wexford</p> <p>12 told me that, right, and I don't -- honestly I'm</p> <p>13 not sure.</p> <p>14 Q. The point of my question is to determine</p> <p>15 whether or not you've seen those records.</p> <p>16 A. Well, the only records I've seen are the</p> <p>17 ones that are listed here.</p> <p>18 Q. In preparing for your deposition here</p> <p>19 today, you mentioned earlier that you had reviewed</p> <p>20 your report of consultation. Did you review</p> <p>21 anything else specifically in preparation for this</p> <p>22 deposition today?</p> <p>23 A. No.</p> <p>24 Q. At the end of your report of consultation,</p>	Page 12	<p>1 I'm just going to go through some names to</p> <p>2 determine whether or not you've spoken to any of</p> <p>3 these people.</p> <p>4 Have you ever spoken to Dr. Obaisi?</p> <p>5 A. No. I've spoken to nobody. I've spoken</p> <p>6 to none of those people, I can tell you</p> <p>7 definitively.</p> <p>8 Q. Have you spoken to any of the physical</p> <p>9 therapists he --</p> <p>10 A. No. I've spoken to one, maybe more</p> <p>11 attorneys for the firm that retained me, and that's</p> <p>12 it.</p> <p>13 Q. In addition to the report of consultation</p> <p>14 that you have prepared and that we've marked as an</p> <p>15 exhibit, have you prepared any other materials in</p> <p>16 relation to your engagement in this case?</p> <p>17 A. No.</p> <p>18 Q. If we could look at your opinions, Doctor,</p> <p>19 one of the words that you use in the first four</p> <p>20 opinions is timing.</p> <p>21 A. Is what?</p> <p>22 Q. Timing, do you see that?</p> <p>23 A. Yes.</p> <p>24 Q. Timing and nature?</p>
Page 11	<p>1 Doctor, on the last two pages you state a summary</p> <p>2 of your opinions.</p> <p>3 A. Right.</p> <p>4 MR. MARUNA: So you're looking at Pages 12 and</p> <p>5 13?</p> <p>6 MR. FORMELLER: I am.</p> <p>7 THE WITNESS: Give me two minutes.</p> <p>8 MR. MARUNA: For the record, the doctor was</p> <p>9 just advised that he needed to go tend to a</p> <p>10 patient, taking a short break.</p> <p>11 (Short recess was taken.)</p> <p>12 BY MR. FORMELLER:</p> <p>13 Q. On Pages 12 and 13 of your report, Doctor,</p> <p>14 you have a summary of opinions, and they appear in</p> <p>15 seven numbered paragraphs. Do you have any</p> <p>16 opinions other than those that are stated on those</p> <p>17 two pages?</p> <p>18 A. No.</p> <p>19 Q. Have you been asked to prepare any</p> <p>20 opinions other than those on those two pages?</p> <p>21 A. No.</p> <p>22 Q. During your review of the medical records,</p> <p>23 you have noted that Mr. Coleman has been seen by a</p> <p>24 number of healthcare practitioners and doctors, and</p>	Page 13	<p>1 A. Yes, yes.</p> <p>2 Q. To what extent is the timing of treatment</p> <p>3 an important consideration for alleviating a</p> <p>4 patient's symptoms?</p> <p>5 MR. MARUNA: Objection, form of the question,</p> <p>6 vague. Do you want to keep that general, or can</p> <p>7 you narrow it down?</p> <p>8 BY MR. FORMELLER:</p> <p>9 Q. Well, let's just read No. 1. Your first</p> <p>10 opinion is that I am of the opinion that the timing</p> <p>11 and nature of the treatment provided by Dr. Obaisi</p> <p>12 to plaintiff's degenerative right knee condition</p> <p>13 was reasonable, compassionate, and well within the</p> <p>14 community standard of care. Have I read that</p> <p>15 correctly?</p> <p>16 A. Yes.</p> <p>17 Q. Why did you include timing in your</p> <p>18 opinion?</p> <p>19 A. Because it was my understanding from</p> <p>20 talking to the counsel that retained me that part</p> <p>21 of the issue in this case was the treatment had</p> <p>22 been delayed causing the patient to endure, you</p> <p>23 know, unnecessary, prolonged suffering so -- which</p> <p>24 seemed to me to not be the case so I was trying to</p>

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Page 14	<p>1 point out that not only did I think that he got</p> <p>2 what he needed but that he got what he needed</p> <p>3 without undue delay.</p> <p>4 Q. Is undue delay a definable term in your</p> <p>5 practice?</p> <p>6 A. Well, within the standard of care, I</p> <p>7 think. I mean, it's not numerically definable.</p> <p>8 Q. When you were reviewing the medical</p> <p>9 records that are listed in your report of</p> <p>10 consultation, were you being aware and conscious of</p> <p>11 the sequence of events in terms of timing?</p> <p>12 A. Yes.</p> <p>13 Q. Are you aware that there were instances in</p> <p>14 the records where medical treatment or physical</p> <p>15 therapy was delayed because of decisions made at</p> <p>16 the correctional institution?</p> <p>17 MR. MARUNA: Objection, foundation. Doctor,</p> <p>18 over the objection.</p> <p>19 THE WITNESS: So I was aware of the chronology.</p> <p>20 I can't tell you with certainty that I was always</p> <p>21 aware of the reasons for the chronology.</p> <p>22 BY MR. FORMELLER:</p> <p>23 Q. And in the first four paragraphs of your</p> <p>24 opinions, Doctor, each of them addresses a</p>	Page 16	<p>1 Q. Yes.</p> <p>2 A. Or outside the prison?</p> <p>3 Q. Either one. Let's do at the prison first,</p> <p>4 Doctor, thank you.</p> <p>5 A. Never at a prison.</p> <p>6 Q. And have you seen incarcerated individuals</p> <p>7 outside of the walls of the prison to provide</p> <p>8 medical care?</p> <p>9 A. I did surgery on one such twenty some</p> <p>10 years ago. I just kind of remember. There may</p> <p>11 have been another, certainly not many.</p> <p>12 Q. When you were preparing your report, did</p> <p>13 you prepare a separate chronology of treatment for</p> <p>14 Mr. Coleman?</p> <p>15 A. No --</p> <p>16 MR. MARUNA: I'm going to object to the form of</p> <p>17 the question, vague. Are you talking a formal</p> <p>18 report, or are you talking like a doctor's</p> <p>19 handwritten notes?</p> <p>20 BY MR. FORMELLER:</p> <p>21 Q. Let's do handwritten notes. Did you</p> <p>22 prepare a chronology of treatment of Mr. Coleman</p> <p>23 while you were reviewing his medical records?</p> <p>24 A. I didn't -- I took notes. I didn't</p>
Page 15	<p>1 different physical issue. The first one is the</p> <p>2 right knee. The second one is the right hip. The</p> <p>3 third one is the lower back, and then the fourth</p> <p>4 one sort of combines all those; but you use the</p> <p>5 word timing and nature in each of those opinions,</p> <p>6 is that correct?</p> <p>7 A. Yes.</p> <p>8 Q. And when you're using the word in those</p> <p>9 opinions compassionate, what is it that you're</p> <p>10 trying to communicate?</p> <p>11 A. It seemed to me that the tenor of the</p> <p>12 complaint was that the providers or the system or</p> <p>13 both were callous somewhat, and I wish to convey</p> <p>14 that they seemed to me to be appropriately</p> <p>15 attentive, and it's an obligation of providers to</p> <p>16 be compassionate when they're taking care of</p> <p>17 patients, and it appeared to me that they cared</p> <p>18 about his complaints and were not callous and were</p> <p>19 not ignoring them, and I thought compassionate</p> <p>20 summed that up.</p> <p>21 Q. Have you ever yourself provided medical</p> <p>22 care to an incarcerated individual at the</p> <p>23 Department of Corrections?</p> <p>24 A. At the prison?</p>	Page 17	<p>1 prepare something whose purpose and orientation was</p> <p>2 specifically chronologic.</p> <p>3 Q. There's also this issue in the medical</p> <p>4 records and you offer an opinion on it in your</p> <p>5 opinion No. 7 and that's this issue of the use of</p> <p>6 crutches.</p> <p>7 At one time Mr. Coleman was prescribed the</p> <p>8 use of crutches following knee surgery and</p> <p>9 treatment for that knee. Do you recall that in the</p> <p>10 medical records?</p> <p>11 A. Yes.</p> <p>12 Q. And then at some point later in time, that</p> <p>13 crutch or those crutches were, to use a layman's</p> <p>14 term, taken away. Do you recall that?</p> <p>15 A. Yes.</p> <p>16 Q. So your opinion which is numbered 7 here</p> <p>17 is that the absence of the crutches was not the</p> <p>18 cause of Mr. Coleman's fall in 2014, is that</p> <p>19 correct?</p> <p>20 A. Right.</p> <p>21 Q. You used the word "purported." Is that</p> <p>22 because you're not sure that that fall actually</p> <p>23 took place?</p> <p>24 A. I'm sure that something happened. As to</p>

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Page 18	<p>1 how much of a fall it was, it wasn't clear to me</p> <p>2 that it was clear from the record.</p> <p>3 Q. Throughout your review of the medical</p> <p>4 records and the symptomology or complaints or</p> <p>5 history that is given by Mr. Coleman, did you have</p> <p>6 any sense at all or do you have an opinion that any</p> <p>7 of those symptoms or complaints are fabricated?</p> <p>8 A. I would not be in a position to opine that</p> <p>9 anything was fabricated on Mr. Coleman's part.</p> <p>10 Q. Did your review of the medical records</p> <p>11 that you have listed here include your review of</p> <p>12 the actual X-ray and MRI images?</p> <p>13 A. No.</p> <p>14 Q. So you were relying upon the reports of</p> <p>15 the doctors or healthcare practitioners that took</p> <p>16 those images and then reported upon them, is that</p> <p>17 correct?</p> <p>18 A. That's correct.</p> <p>19 Q. And you have never spoken with Mr. Coleman</p> <p>20 either, is that correct?</p> <p>21 A. Yes, that's correct.</p> <p>22 Q. Now, Doctor, taking away from this case</p> <p>23 just for a moment, in your practice as an</p> <p>24 orthopedic surgeon when you're seeing a patient for</p>	Page 20	<p>1 A. Forgive me, but just to be clear he had a</p> <p>2 meniscectomy.</p> <p>3 Q. Yes, he did.</p> <p>4 A. As opposed to meniscal repair. They're</p> <p>5 often used interchangeably, but they're different,</p> <p>6 so I just wanted to be clear.</p> <p>7 So, again, the exam is tailored to the</p> <p>8 patient. So a patient that came in and looked</p> <p>9 great and had no complaints and such, it would be</p> <p>10 different than someone who came in and had a fever</p> <p>11 of 103, you know, and such.</p> <p>12 Q. What about a patient that was complaining</p> <p>13 of persistent pain in their knee postsurgery?</p> <p>14 A. So I can tell you -- so you want to get</p> <p>15 some flavor of what would be done in the exam for</p> <p>16 such a patient? Is that your question?</p> <p>17 Q. Yes.</p> <p>18 A. So there's observation, looking at the</p> <p>19 affected knee; and if the patient complained of</p> <p>20 pain, there would be palpation. There would be</p> <p>21 some measure of range of motion. There would be</p> <p>22 some observation at least in my hands of ambulatory</p> <p>23 capacity.</p> <p>24 Q. In your review of Mr. Coleman's medical</p>
Page 19	<p>1 the very first time, what is the typical procedure</p> <p>2 or protocol you would use in your first contact</p> <p>3 with that patient?</p> <p>4 A. Take a history, perform a physical exam,</p> <p>5 in some cases take and view X-rays.</p> <p>6 Q. And what in your opinion as an orthopedic</p> <p>7 surgeon is the value of the history given by the</p> <p>8 patient?</p> <p>9 A. Substantial.</p> <p>10 Q. And let's talk about a knee examination of</p> <p>11 either extremity. If a patient -- this is</p> <p>12 hypothetical, Doctor. If a patient presented</p> <p>13 themselves with complaints of pain in their knee,</p> <p>14 what would be your typical physical examination</p> <p>15 that you would administer?</p> <p>16 A. There are many things that I could do, and</p> <p>17 it would depend upon the patient. So the exam to</p> <p>18 some extent -- the exam to some extent is tailored</p> <p>19 to the history, to the age, to the gender, to the</p> <p>20 habitus, and such.</p> <p>21 Q. Is there a particular examination or</p> <p>22 physical protocol that you would do seeing a</p> <p>23 patient post-arthroscopic surgery for meniscus</p> <p>24 repair?</p>	Page 21	<p>1 records, is it your opinion that all of the</p> <p>2 treatment that was prescribed to him was</p> <p>3 appropriate and met the standard of care in the</p> <p>4 community?</p> <p>5 A. Yes.</p> <p>6 Q. In your review of those medical records,</p> <p>7 is there anything that you would have prescribed</p> <p>8 differently for medical treatment for Mr. Coleman</p> <p>9 that the attending physicians who were taking care</p> <p>10 of him did not do?</p> <p>11 A. I don't know that I can answer that</p> <p>12 exactly. I thought that their care was reasonable.</p> <p>13 Different providers provide differences in care,</p> <p>14 you know, in minor ways and less minor ways based</p> <p>15 on custom and practice and such.</p> <p>16 Q. Again, in your review of the medical</p> <p>17 records, periodically Mr. Coleman was prescribed</p> <p>18 physical therapy. Do you recall that in the</p> <p>19 medical records?</p> <p>20 A. Yes.</p> <p>21 Q. What generally is the purpose of physical</p> <p>22 therapy for a patient presenting the types of</p> <p>23 symptoms that Mr. Coleman was presenting?</p> <p>24 A. Actually there's some variability.</p>

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Page 22	<p>1 Physical therapy can provide strengthening and</p> <p>2 stretching for range of motion. There can be</p> <p>3 modalities such as ultrasound and muscle</p> <p>4 stimulation for mitigation of symptoms.</p> <p>5 There can be gait training. There can be</p> <p>6 instruction in activities of daily living.</p> <p>7 Sometimes there can be other techniques that a</p> <p>8 therapist will use, and they have deep tissue</p> <p>9 massage, that kind of thing.</p> <p>10 Q. So, Doctor, in November of 2014 -- and</p> <p>11 this is in relation to your opinion numbered 7. In</p> <p>12 November of 2014, Mr. Coleman was brought to the</p> <p>13 medical facility at the correctional institution</p> <p>14 stating that he was coming down the stairs when he</p> <p>15 fell and that he was in acute distress at that</p> <p>16 time. Do you recall that?</p> <p>17 MR. MARUNA: Objection, foundation, isn't what</p> <p>18 the record says. Over the objection.</p> <p>19 THE WITNESS: I don't know that I caught every</p> <p>20 word of what you just said, but I know that there</p> <p>21 was some kind of a fall.</p> <p>22 MR. MARUNA: Do you want to show the record?</p> <p>23 MR. FORMELLER: I'm sorry?</p> <p>24 MR. MARUNA: I've got the record if you want to</p>	Page 24	<p>1 BY MR. FORMELLER:</p> <p>2 Q. And then you go on to say on Page 6, which</p> <p>3 counsel referred to, thus it is generally much</p> <p>4 safer to go up and down stairs without crutches and</p> <p>5 holding onto the rail for support, do you see that?</p> <p>6 A. Yes.</p> <p>7 Q. And that's your opinion, is that correct?</p> <p>8 A. Yes.</p> <p>9 Q. I would like to go back and ask you a few</p> <p>10 more questions about physical therapy and the use</p> <p>11 of physical therapy for rehabilitative purposes</p> <p>12 here.</p> <p>13 Can there be a detrimental effect,</p> <p>14 hypothetical again -- let me strike that and start</p> <p>15 over again.</p> <p>16 Hypothetically, Doctor, if a patient</p> <p>17 presents themselves in need of physical therapy and</p> <p>18 in your opinion it's warranted but there's a delay</p> <p>19 in the administration of that physical therapy, can</p> <p>20 that delay have a detrimental effect on the</p> <p>21 patient's recovery and the prolonging of that</p> <p>22 patient's pain?</p> <p>23 MR. MARUNA: Objection, form of the question,</p> <p>24 incomplete hypothetical. Over the objections,</p>
Page 23	<p>1 show it to the doctor if you're going to ask about</p> <p>2 it.</p> <p>3 MR. FORMELLER: I'm reading a summary of it.</p> <p>4 MR. MARUNA: Sure.</p> <p>5 MR. FORMELLER: But I'm perfectly willing for</p> <p>6 him to look at it if he needs it.</p> <p>7 BY MR. FORMELLER:</p> <p>8 Q. Do you know the circumstances under which</p> <p>9 that fall took place?</p> <p>10 A. Well, he was on stairs and his knee gave</p> <p>11 way and he fell is my understanding.</p> <p>12 Q. Do you know if he had a crutch or crutches</p> <p>13 or not at that time?</p> <p>14 A. I mean, I would have to look to recall,</p> <p>15 which I can do. I think I have it in here</p> <p>16 someplace. Is this November?</p> <p>17 Q. November 10th of 2014.</p> <p>18 A. Or maybe you can tell me.</p> <p>19 MR. MARUNA: Doctor, to speed this along, I</p> <p>20 think it's on Page 6 where you talk about the</p> <p>21 November appointment.</p> <p>22 THE WITNESS: Right. So he was using crutches</p> <p>23 when he fell, I think.</p> <p>24</p>	Page 25	<p>1 Doctor, you can answer.</p> <p>2 THE WITNESS: Yes, with all due respect,</p> <p>3 counselor, that's -- it's such a broadly worded</p> <p>4 hypothetical that I suppose one could certainly</p> <p>5 hypothesize some kind of a situation where that</p> <p>6 would be true, but that's a tough question to</p> <p>7 answer.</p> <p>8 BY MR. FORMELLER:</p> <p>9 Q. So as an example, he was seen</p> <p>10 orthopedically in August of 2015 and physical</p> <p>11 therapy was prescribed; but for a number of</p> <p>12 reasons, no physical therapy took place during the</p> <p>13 month of August or during the month of September.</p> <p>14 Would a delay of that month and a half or so have a</p> <p>15 detrimental effect on a patient with Mr. Coleman's</p> <p>16 symptoms?</p> <p>17 A. You know, his symptoms depend on his</p> <p>18 pathology and his prior treatment, so depends on</p> <p>19 what you mean by "detrimental." Basically not</p> <p>20 really. If you wanted to hypothesize a worst case</p> <p>21 for requested physical therapy being delayed, it</p> <p>22 could be, but would not necessarily be, that his</p> <p>23 recovery of strength might be a little prolonged;</p> <p>24 but I can tell you that physical therapy is a</p>

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Page 26	<p>1 two-edged sword, and people can be made more sore</p> <p>2 and worse by physical therapy as well. So do I</p> <p>3 think it was any significant obstacle to his</p> <p>4 recovery that it was apparently delayed, no.</p> <p>5 Q. And similarly, would it have had any</p> <p>6 impact on either the nature, extent, or duration of</p> <p>7 the pain he was complaining of?</p> <p>8 A. So, again, in general, no. You know,</p> <p>9 people are so different that -- so the physical</p> <p>10 therapy actually tends to increase pain. Physical</p> <p>11 therapy is often kind of painful and in many such</p> <p>12 cases, I think, is not useful to do at all because</p> <p>13 it's such a two-edged sword.</p> <p>14 Now there are cases, where as I mentioned</p> <p>15 earlier, that a therapist will use -- for patients</p> <p>16 in a lot of pain will used EGS muscle stimulation</p> <p>17 or ultrasound to kind of try to mitigate pain; but</p> <p>18 the purpose of the therapy, the primary purpose of</p> <p>19 the therapy in a case like this, is not to mitigate</p> <p>20 pain.</p> <p>21 Q. So leaving the hypothetical and going back</p> <p>22 to Mr. Coleman, it is true, is it not, Doctor, that</p> <p>23 physical therapy was prescribed by orthopedists,</p> <p>24 orthopedic surgeons for Mr. Coleman?</p>	Page 28	<p>1 anything better than what you had to look at,</p> <p>2 Doctor. I'm looking at the notes of a Dr. Matthew</p> <p>3 Marcus on May 4, 2016, where Dr. Marcus says the</p> <p>4 MRI shows a small gluteus medius tear of the right</p> <p>5 hip. In the right knee there's some cartilage wear</p> <p>6 but no meniscal injury.</p> <p>7 The note goes on to say we gave him</p> <p>8 injections of the right knee and the right greater</p> <p>9 trochanter. We also told him to get X-rays of the</p> <p>10 hip, pelvis, and knee on his way out. Patient was</p> <p>11 given prescription for physical therapy and told to</p> <p>12 follow up in one year.</p> <p>13 I'm reading directly from the doctor's</p> <p>14 notes, so I don't have anything more than that to</p> <p>15 ask you about; but do you have any knowledge or</p> <p>16 understanding on what that physical therapy was</p> <p>17 that was prescribed?</p> <p>18 A. In general. Do I have any direct</p> <p>19 knowledge? No. I would have to see the</p> <p>20 prescription. And, as I said, often a provider</p> <p>21 will put evaluate and treat, and some providers are</p> <p>22 very specific. Without seeing what was prescribed,</p> <p>23 I wouldn't be able to opine.</p> <p>24 Q. Are you aware, Doctor, that in 2017 the</p>
Page 27	<p>1 A. I don't recall exactly but probably if you</p> <p>2 say so.</p> <p>3 Q. And do you know what the nature and extent</p> <p>4 of that physical therapy is because obviously there</p> <p>5 are many different types?</p> <p>6 A. You know, I don't. Sometimes people just</p> <p>7 say evaluate and treat. Sometimes they're more</p> <p>8 specific.</p> <p>9 Q. And do you know what the purpose of that</p> <p>10 physical therapy was for Mr. Coleman?</p> <p>11 A. So, again, there's great variability among</p> <p>12 even orthopedic surgeons as to what they prescribe,</p> <p>13 when they prescribe it, whether they prescribe it</p> <p>14 at all. So -- and often is modified by the</p> <p>15 therapist.</p> <p>16 You know, for example, if you're sent to</p> <p>17 somebody -- the therapist will generally work on</p> <p>18 increasing range of motion and increasing strength;</p> <p>19 and if a patient is having pain, sometimes the</p> <p>20 therapist on their own will provide muscle</p> <p>21 stimulation or ultrasound or massage, something</p> <p>22 like that, but it's fluid. It's fluid and it's</p> <p>23 variable.</p> <p>24 Q. So as an example -- and now I don't have</p>	Page 29	<p>1 same doctor, Dr. Matthew Marcus, referred</p> <p>2 Mr. Coleman for nonoperative pain management?</p> <p>3 A. You know, I'll take your word for it. I</p> <p>4 don't remember every passage from the medical</p> <p>5 record.</p> <p>6 MR. MARUNA: It's on Page 9 of the report, I</p> <p>7 think.</p> <p>8 THE WITNESS: Is there still a question pending</p> <p>9 about pain management, or was that a question?</p> <p>10 BY MR. FORMELLER:</p> <p>11 Q. My question is, were you aware that</p> <p>12 Dr. Marcus had referred Mr. Coleman for pain</p> <p>13 management in 2017?</p> <p>14 A. Counselor said that it's on Page 9, is</p> <p>15 that right? I don't see it. Where is it on</p> <p>16 Page 9, please?</p> <p>17 Q. It's at the bottom of Page 9 and carried</p> <p>18 over to the very top of Page 10, Doctor. Because</p> <p>19 I'm not trying very hard to confuse you at all, the</p> <p>20 sentence that you have at the top of Page 10 on the</p> <p>21 course of nonoperative treatment, that's what that</p> <p>22 was. It was a referral for pain management.</p> <p>23 A. Under discussion?</p> <p>24 MR. MARUNA: Right at the top.</p>

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<p style="text-align: right;">Page 30</p> <p>1 BY MR. FORMELLER:</p> <p>2 Q. Right at the very top where it says I</p> <p>3 concur with Dr. Marcus' recommended course of</p> <p>4 nonoperative treatment. The nonoperative treatment</p> <p>5 was a referral for pain management.</p> <p>6 A. I see.</p> <p>7 Q. Which is the note that I read you before.</p> <p>8 A. Got it. So your question to me is, was I</p> <p>9 aware that Dr. Marcus referred him for pain</p> <p>10 management?</p> <p>11 Q. Correct.</p> <p>12 A. You know, again, I know that a lot of</p> <p>13 people tried a lot of things to help him. I can't</p> <p>14 say that I remember that specific referral without</p> <p>15 looking at the record.</p> <p>16 Q. Doctor, in your own practice, either a</p> <p>17 pre- or postsurgical, have you in your own</p> <p>18 experience referred patients for pain management?</p> <p>19 A. For a knee arthroscopy?</p> <p>20 Q. Yes.</p> <p>21 A. No. And if we're talking -- so to be</p> <p>22 clear, and let me specify, referring for pain</p> <p>23 management circa current medicine typically means</p> <p>24 referral to a pain clinic.</p>	<p style="text-align: right;">Page 32</p> <p>1 though.</p> <p>2 Q. All right. And, again, I don't have much</p> <p>3 to offer you to fill that out other than he was</p> <p>4 referred to a Dr. Khalid Malik at the pain clinic</p> <p>5 at the University of Illinois for treatment.</p> <p>6 A. Okay. So that's that kind of thing.</p> <p>7 Q. Including and up to October of 2018. But</p> <p>8 I think you've already testified you've not seen</p> <p>9 those records.</p> <p>10 A. Correct.</p> <p>11 Q. Okay. I'm skipping around here because</p> <p>12 I'm trying to be expeditious, Doctor; but on Page 9</p> <p>13 of your report that you were just looking at but in</p> <p>14 the middle of the page, I'm referring to the</p> <p>15 September 28, 2016, paragraph. The last sentence</p> <p>16 of that paragraph says complying with the</p> <p>17 recommended course of physical therapy would have</p> <p>18 offered the potential for improvement of his</p> <p>19 condition.</p> <p>20 Do you recall on what you're basing that</p> <p>21 conclusion or opinion?</p> <p>22 A. Well, that's kind of a general statement</p> <p>23 that physical therapy is potentially efficacious so</p> <p>24 it would -- if you have a -- you know, a patient</p>
<p style="text-align: right;">Page 31</p> <p>1 Now you can be referred to physical</p> <p>2 therapy for pain management, although that's not</p> <p>3 the primary thing that they do; but, as I</p> <p>4 mentioned, sometimes there are things they can do</p> <p>5 that are symptom mitigating.</p> <p>6 But if you're referring somebody for --</p> <p>7 generally if you're referring somebody for pain</p> <p>8 management, they're being referred for medications</p> <p>9 or injections either by a pain specialist, which</p> <p>10 these days is often an anesthesiologist or a</p> <p>11 physical medicine and rehabilitation doctor; or</p> <p>12 possibly, I suppose, another doctor could try to do</p> <p>13 that.</p> <p>14 So I don't think it's unreasonable to try</p> <p>15 to do it; and, as I said, it seems to me they were</p> <p>16 trying any way they could to help him or provide</p> <p>17 something that would help.</p> <p>18 But in my practice, I don't -- there</p> <p>19 are -- again, it's just so broad based. It depends</p> <p>20 what you mean by pain management. Often pain</p> <p>21 management, again, is injections, epidurals,</p> <p>22 narcotics, drugs like that. So that's something</p> <p>23 that I do virtually never, if not absolutely never.</p> <p>24 I don't know for sure that that's what they meant,</p>	<p style="text-align: right;">Page 33</p> <p>1 like him would have the potential to get better,</p> <p>2 not to say they would, but physical therapy would</p> <p>3 certainly offer the potential for improvement.</p> <p>4 Q. You'll need to help me here. You use the</p> <p>5 acronym NSAID in several places in your report.</p> <p>6 What is that?</p> <p>7 A. So I should have written that out. That</p> <p>8 stands for nonsteroidal anti-inflammatory drug.</p> <p>9 Q. You also state in your report -- I'm now</p> <p>10 on Page 12 of your report, Doctor, and I'm back to</p> <p>11 the issue of crutches that in addition, I'm</p> <p>12 reading, using crutches when they are not needed</p> <p>13 also contributes to muscle atrophy which can worsen</p> <p>14 the knee and can also contribute to falling as</p> <p>15 previously mentioned.</p> <p>16 Do you recall seeing anywhere in the</p> <p>17 medical records any evidence of muscle atrophy for</p> <p>18 Mr. Coleman?</p> <p>19 A. Again, I would have to look at the record.</p> <p>20 There's -- you know, there's always -- almost</p> <p>21 always some but the presence or absence of atrophy</p> <p>22 in his case wouldn't really have bearing on that</p> <p>23 sentence that you just read.</p> <p>24 Q. I'm going to change the language of one of</p>

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<p style="text-align: right;">Page 34</p> <p>1 your opinions. Is it your opinion, Doctor, that</p> <p>2 any delays in treatment that Mr. Coleman would have</p> <p>3 experienced would not have a detrimental effect on</p> <p>4 his present condition?</p> <p>5 A. What do you mean by "present condition"?</p> <p>6 Q. The condition he presents himself with</p> <p>7 here today in 2018.</p> <p>8 MR. MARUNA: Can you define what that is?</p> <p>9 BY MR. FORMELLER:</p> <p>10 Q. Sure. Let's start with the knee, the</p> <p>11 right knee.</p> <p>12 A. So if treatment was delayed, for example,</p> <p>13 the physical therapy?</p> <p>14 Q. Correct.</p> <p>15 A. Would that have made him worse today than</p> <p>16 he otherwise would have been?</p> <p>17 Q. Yes, sir.</p> <p>18 A. You know, in a general way, no, I don't</p> <p>19 think it would have. You know, you can maybe argue</p> <p>20 around the edges. I don't know that doing a little</p> <p>21 more strengthening a little earlier might have</p> <p>22 given him a little more strength, although</p> <p>23 sometimes increased strength causes increased pain.</p> <p>24 So it's complicated. You see there are</p>	<p style="text-align: right;">Page 36</p> <p>1 BY MR. FORMELLER:</p> <p>2 Q. Because the medical records that we have</p> <p>3 from the University of Illinois continue to state</p> <p>4 that Mr. Coleman is experiencing right knee pain.</p> <p>5 A. Okay. So if by status you mean pain, is</p> <p>6 that --</p> <p>7 Q. Yes.</p> <p>8 A. Okay. So you're saying could a delay in</p> <p>9 treatment, perhaps the physical therapy, have</p> <p>10 resulted in him having increased pain currently?</p> <p>11 Q. Yes.</p> <p>12 MR. MARUNA: Objection, form of the question,</p> <p>13 calls for speculation.</p> <p>14 MR. FORMELLER: The doctor phrased the</p> <p>15 question; I didn't.</p> <p>16 MR. MARUNA: Doctor, you can answer over the</p> <p>17 objections.</p> <p>18 THE WITNESS: I'm trying to help you out.</p> <p>19 Maybe I shouldn't do that.</p> <p>20 BY MR. FORMELLER:</p> <p>21 Q. No, that's quite all right.</p> <p>22 A. You know, in general, no. I'm trying to</p> <p>23 think of a circumstance in which physical therapy</p> <p>24 being given on a delayed basis or not given at all</p>
<p style="text-align: right;">Page 35</p> <p>1 multiple things that one is looking at. There's</p> <p>2 pain. There's function. There are measurable</p> <p>3 parameters like strength in motion, and they don't</p> <p>4 always trend together.</p> <p>5 In fact, I'm very leery of physical</p> <p>6 therapy. In fact, I often don't prescribe physical</p> <p>7 therapy at all for patients like this because</p> <p>8 physical therapy is often used to increase strength</p> <p>9 but often at the cost of increasing pain actually,</p> <p>10 you know? So when you're talking about a person's</p> <p>11 status, it has to be kind of, you know, defined</p> <p>12 what parameter you're looking at.</p> <p>13 Q. Would a physical examination currently of</p> <p>14 Mr. Coleman add clarity to that opinion?</p> <p>15 MR. MARUNA: Objection, foundation, calls for</p> <p>16 speculation.</p> <p>17 THE WITNESS: I actually kind of thought that I</p> <p>18 didn't really offer an opinion so much as a</p> <p>19 disclaimer as to why a model of the answer to the</p> <p>20 question maybe couldn't be given, you know, because</p> <p>21 I was saying you would have to define -- your</p> <p>22 question concerns his current status and what I</p> <p>23 attempted to say was that the -- what one is</p> <p>24 looking at with status has to be defined.</p>	<p style="text-align: right;">Page 37</p> <p>1 would result in his knee hurting more today; and,</p> <p>2 you know, in general it just wouldn't.</p> <p>3 Q. The same inquiry or the same question as</p> <p>4 it relates to his complaints about his hip.</p> <p>5 A. Same answer, maybe more so.</p> <p>6 Q. And then finally the last physical issue</p> <p>7 is his lower back and issues that he presents and</p> <p>8 complains about concerning his lower back.</p> <p>9 A. I think it's unlikely that any of those</p> <p>10 conditions would be made worse by delayed therapy.</p> <p>11 For low back there are things that can be done more</p> <p>12 so than for the hip and the knee like ultrasound</p> <p>13 that can make you feel better for a little bit.</p> <p>14 Q. So, Doctor, when you include in your</p> <p>15 answers the words generally, I think I understand</p> <p>16 what that means certainly in layman's terms, but</p> <p>17 does that also give us the connotation that that</p> <p>18 isn't always the case?</p> <p>19 A. Actually, you know, we're kind of trying</p> <p>20 not to be absolute, right? So I really can't give</p> <p>21 an absolute answer that for every patient and any</p> <p>22 circumstance it wouldn't apply, and I was trying to</p> <p>23 sit here and think if there's a reasonable</p> <p>24 scenario, so that's why I tried to use the word</p>


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Page 38	<p>1 "generally." It generally wouldn't matter. There</p> <p>2 might be some patient somewhere where it would in</p> <p>3 some particular circumstance.</p> <p>4 Q. I may have asked you this, so I beg your</p> <p>5 forgiveness. You've not actually seen or treated</p> <p>6 Mr. Coleman, have you?</p> <p>7 A. That is correct. Forgive me.</p> <p>8 Q. Sure.</p> <p>9 MR. MARUNA: Doctor is going to check on a</p> <p>10 patient. We'll go off for a second.</p> <p>11 (Short recess was taken.)</p> <p>12 MR. FORMELLER: I have concluded my</p> <p>13 examination.</p> <p>14 EXAMINATION</p> <p>15 BY MR. MARUNA:</p> <p>16 Q. Just a few followup here real quick,</p> <p>17 Doctor, and we'll get you out.</p> <p>18 Counsel asked you some questions earlier</p> <p>19 about some of the security procedures in the</p> <p>20 prison. You're not familiar with security</p> <p>21 procedures at Stateville Correctional Center,</p> <p>22 correct?</p> <p>23 A. No.</p> <p>24 Q. You're okay with the timing of the</p>	Page 40	<p>1 presented.</p> <p>2 A. Second sentence?</p> <p>3 Q. Yes, during this evaluation?</p> <p>4 A. So I've read that sentence.</p> <p>5 Q. Sure. You've already summarized it. What</p> <p>6 did Mr. Coleman do on September 28th regarding</p> <p>7 physical therapy?</p> <p>8 A. He apparently -- it had, I guess, been</p> <p>9 scheduled for him and he didn't want to do it, or</p> <p>10 he refused the treatment.</p> <p>11 Q. So therapy was offered and the patient</p> <p>12 refused the physical therapy, correct?</p> <p>13 A. Yes.</p> <p>14 Q. I want to jump to your opinions real</p> <p>15 quick, and we'll get you out of here.</p> <p>16 Opinion 1, you're of the opinion that the</p> <p>17 timing and nature of the treatment provided by</p> <p>18 Dr. Obaisi of the plaintiff's degenerative right</p> <p>19 knee condition was reasonable, compassionate, and</p> <p>20 well within this community standard of care,</p> <p>21 correct?</p> <p>22 A. Yes.</p> <p>23 Q. Opinion 2, I am of the opinion that the</p> <p>24 timing and nature of the treatment provided by</p>
Page 39	<p>1 treatment here from an orthopedic standpoint, is</p> <p>2 that correct?</p> <p>3 A. Yes.</p> <p>4 Q. Your use of the word "purported" in</p> <p>5 opinion No. 7, I just want to clarify your</p> <p>6 testimony there. Is that because the report of the</p> <p>7 fall was coming from a subjective portion of a</p> <p>8 patient note, and that's why you put the word</p> <p>9 "purported" in place?</p> <p>10 A. So it's a juxtaposition, the use of the</p> <p>11 word "fall," too. I just -- I mean, I have no</p> <p>12 reason to doubt the patient but it wasn't clear to</p> <p>13 me how much -- so a fall down the stairs meaning</p> <p>14 head over heels versus it gives way a little, I</p> <p>15 couldn't tell, with regard to what fall might</p> <p>16 connote.</p> <p>17 Q. Counsel asked you about the September 2016</p> <p>18 physical therapy consult on Page 9 of your report,</p> <p>19 if I could direct you to that.</p> <p>20 A. Yes.</p> <p>21 Q. Second sentence during this evaluation,</p> <p>22 can you just read that for us?</p> <p>23 A. Which paragraph?</p> <p>24 Q. On September 28, 2016, plaintiff</p>	Page 41	<p>1 Dr. Obaisi to the plaintiff's right hip condition</p> <p>2 was reasonable, compassionate, and well within the</p> <p>3 community standard of care, correct?</p> <p>4 A. Yes.</p> <p>5 Q. Opinion 3, I am of the opinion that the</p> <p>6 timing and nature of the treatment provided by</p> <p>7 Dr. Obaisi of the plaintiff's degenerative lower</p> <p>8 back condition was reasonable, compassionate, and</p> <p>9 well within the community standard of care,</p> <p>10 correct?</p> <p>11 A. Yes.</p> <p>12 Q. 4, I am of the opinion that the timing of</p> <p>13 Dr. Obaisi's referrals for orthopedic surgical</p> <p>14 evaluation for Mr. Coleman's right knee, right hip,</p> <p>15 and lower back conditions was reasonable,</p> <p>16 compassionate, and well within the community</p> <p>17 standard of care, correct?</p> <p>18 A. Yes.</p> <p>19 Q. 5, I am of the opinion that it was not</p> <p>20 clinically indicated for plaintiff to use crutches</p> <p>21 after October 22, 2014, correct?</p> <p>22 A. Yes.</p> <p>23 Q. 6, I am of the opinion that Dr. Obaisi's</p> <p>24 decision to discontinue Mr. Coleman's crutches on</p>

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Page 42	<p>1 October 22, 2014, was reasonable and well within</p> <p>2 the community standard of care, correct?</p> <p>3 A. Yes.</p> <p>4 Q. 7, I am of the opinion that not having</p> <p>5 crutches was not the cause of Mr. Coleman's</p> <p>6 purported November 2014 fall down the stairs,</p> <p>7 correct?</p> <p>8 A. Correct.</p> <p>9 Q. All of those opinions, Doctor, are to a</p> <p>10 reasonable degree of medical certainty, correct?</p> <p>11 A. Yes.</p> <p>12 Q. The basis is your review of the</p> <p>13 aforementioned records in your report, pleadings,</p> <p>14 as well as your education, experience, training,</p> <p>15 and knowledge, correct?</p> <p>16 A. Yes.</p> <p>17 Q. And you hold those opinions as you sit</p> <p>18 here today, correct?</p> <p>19 A. Yes.</p> <p>20 Q. Any of the additional information that</p> <p>21 counsel talked to you about today regarding records</p> <p>22 that -- or the treatment since the records that you</p> <p>23 reviewed has not changed any of the opinions we</p> <p>24 just discussed, correct?</p>	Page 44	<p>1 STATE OF ILLINOIS )</p> <p style="padding-left: 40px;">) SS:</p> <p>2 COUNTY OF COOK )</p> <p>3 I, ANGELA M. INGHAM, a Notary Public</p> <p>4 within and for the County of Cook, State of</p> <p>5 Illinois, and a Certified Shorthand Reporter of</p> <p>6 said state, do hereby certify that heretofore,</p> <p>7 to-wit, on the 20th day of December, 2018,</p> <p>8 CHADWICK C. PRODROMOS, M.D., personally appeared</p> <p>9 before me at 1714 Milwaukee Avenue, in the City of</p> <p>10 Glenview, in the County of Cook and State of</p> <p>11 Illinois, a witness in a certain cause now pending</p> <p>12 and undetermined in the United States District</p> <p>13 Court, Northern District of Illinois, Eastern</p> <p>14 Division, wherein Michael Coleman is the plaintiff</p> <p>15 and Ghaliah Obaisi, Executor of the Estate of Saleh</p> <p>16 Obaisi, M.D., is the defendant.</p> <p>17 I further certify that the said witness</p> <p>18 was first duly sworn to testify the truth, the</p> <p>19 whole and nothing but the truth in the cause</p> <p>20 aforesaid; that the testimony then given by said</p> <p>21 witness was reported stenographically by me, in the</p> <p>22 presence of said witness, and afterwards reduced to</p> <p>23 typewriting by Computer-Aided Transcription, and</p> <p>24 the foregoing is a true and correct transcript of</p>
Page 43	<p>1 A. Correct.</p> <p>2 Q. Nothing further. Thank you, Doctor.</p> <p>3 MR. FORMELLER: Signature?</p> <p>4 MR. MARUNA: Waive.</p> <p>5 MS. REPORTER: Are you going to order the</p> <p>6 transcript?</p> <p>7 MR. FORMELLER: Let's hold on, see what the</p> <p>8 judge does. Let's hold off on it.</p> <p>9 FURTHER DEPONENT SAITH NOT</p>	Page 45	<p>1 the testimony so given by said witness as</p> <p>2 aforesaid.</p> <p>3 I further certify that the signature of</p> <p>4 the witness to the foregoing deposition was waived</p> <p>5 by agreement of counsel for the respective parties;</p> <p>6 and that I am not counsel for nor in any way</p> <p>7 related to any of the parties to this suit, nor am</p> <p>8 I any way interested in the outcome thereof.</p> <p>9 In witness whereof, I have hereunto set my</p> <p>10 hand this 15th day of May, 2019. </p> <p>11</p> <p>12</p> <p style="text-align: center;">Notary Public, Cook County, Illinois</p> <p style="text-align: center;">C.S.R. License No. 084-002984</p>

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